UNIFORM HAZARDOUS	1. Generator's U	S EPA ID No.	Mani	ifest		[18] [18] [18] [18] [18] [18] [18] [18]	on in the s	shaded areas										
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ALASKAN COPPER WORKS PO BOX 3546 SEATTLE, WA	98134-0000					te Manifest Docui te Generator's ID	nent Num	ber										
4. Generator's Phone ( 206 )623-5800  5. Transporter 1 Company Name 6. US EPA ID Number					C. State Transporter's ID													
RESOURCE RECOVERY  7. Transporter 2 Company Name		8. US EPA ID Number			D. Transporter's Phone 206–625–8631  E. State Transporter's ID  F. Transporter's Phone													
										Designated Facility Name and Site Address BURLINGTON ENVIRONMENTA 20245 77TH AVE SOUTH		10. US EPA ID Number WAD-991-281-767			G. State Facility's ID  H. Facility's Phone			
										KENT, WA 98032	The state of the s					206-872-8030		
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PO. #3647+ ENERATOR'S EMERGENCY TELEI  GENERATOR'S CERTIFICATION: I hereby declare packed, marked, and labeled, and are in all respect of I am a large quantity generator, I certify that economically practicable and that I have selected threat to human health and the environment; Of waste management method that is available to me	PHONE NUMBER  e that the contents of t  cts in proper condition fo  t I have a program in  d the practicable metho  R, if I am a small qual	his consignment are fully or transport by highway acc place to reduce the volu od of treatment, storage.	and accurate cording to app ome and toxic	plicable in city of we currently o	ternation aste gene available	al and national goverated to the degree	ernmental ee I have	regulations.  determined to										
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## RESOURCE RECOVERY COPR. A BURLINGTON ENVIRONMENTAL COMPANY

SEATTLE PHONE 1629 E. ALEXANDER AVE. TACOMA PHONE

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BURLINGTON ENVIRONMENTAL INC./RESOURCE RECOVERY CORP. 1011 Western Ave., Suite 700 • Seattle, WA 98104 06) 223-0500 Resource Recovery (20 **UNIFORM HAZARDOUS** 1. Generator's US EPA ID No. Manifest 2. Page Information in the shaded areas is Dequipent No. WASTE MANIFEST WAD-980-738-546 1 of 1 not required by Federal law. 3. Generator's Name and Mailing Address A. State Manifest Document Number ALASKAN COPPER WORKS PO BOX 3546 SEATTLE, WA 98134-0000 B. State Generator's ID 4. Generator's Phone ( 206 ) 623-5800 5. Transporter 1 Company Name US EPA ID Number C. State Transporter's ID RESOURCE RECOVERY WAD-061-672-812 D. Transporter's Phone 200-625-8631 7. Transporter 2 Company Name US EPA ID Number E. State Transporter's ID 8. F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G. State Facility's ID EURLINGTON ENVIRONMENTAL - KNT 20245 77TH AVE SOUTH WAD-991-281-767 H. Facility's Phone KENT, WA 98032 206-872-8030 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 12. Containers 13. Waste No. Quantity MATERIAL NOT REQULATED BY D.O.T., (PIKETILE# 4(K) Ç 53922-01) ь. GENERATOR c. d. J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above 15. Special Handling Instructions and Additional Information GENERATOR'S EMERGENCY TELEPHONE NUMBER: 206-623-5800 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Printed/Typed Name Signature Month Day Year 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Year 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Signature Month **GENERATOR'S COPY**